

Park and Recreation Commission  
Town of Needham, Massachusetts

**ACCIDENT FORM...MEDICAL CONCERN FORM**

**Name of Injured:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Address of Injured:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_ **Time of Injury:** \_\_\_\_\_

**Site Location:** \_\_\_\_\_

**Name/Phone of Witness(es):** \_\_\_\_\_

\_\_\_\_\_

**Description of Injury:** *(Give specific details, including type of injury, specific area of injury, specific location at site)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Action Taken:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If child involved, were parent(s) notified?** *Indicate who was notified, when, and any action steps.*

\_\_\_\_\_

\_\_\_\_\_

**Form Completed by:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Form Reviewed by:** **Director of Park and Recreation** \_\_\_\_\_

*Additional questions should be referred to Patricia M. Carey, Director of Park and Recreation.*

***This accident form must be submitted within 24 hours, or on first day of business following accident.***

***Form updated August 2008***